

Brenda Desmond
1301 S. Fifth. W
Missoula, MT 59801
bcdesmond@msn.com
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QUESTIONS ON MENTAL HEALTH COURTS

1. WHAT IS A MENTAL HEALTH COURT?

"Mental health courts link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on thorough mental health assessments, individualized treatment plans and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities." The Center for Court Innovation. www.Courtinnovation.org.

2. WHY HAVE MENTAL HEALTH COURTS BEEN ESTABLISHED?

a. Mental Health Courts have been established as one part of a national effort to reduce the number of persons with a mental illness who are in custody but could be treated and monitored in the community with no increased threat to public safety. Other strategies are jail diversion programs, re-entry programs and specialized pre-trial and probation supervision programs.

b. The findings of the **Mentally Ill Offender Treatment and Crime Reduction Act of 2004** include the following:

- (1) According to the Bureau of Justice Statistics, over 16 percent of adults incarcerated in United States jails and prisons have a mental illness.
- (2) According to the Office of Juvenile Justice and Delinquency Prevention, approximately 20 percent of youth in the juvenile justice system have serious mental health problems, and a significant number have co-occurring mental health and substance abuse disorders.
- (3) According to the National Alliance for the Mentally Ill, up to 40 percent of adults who suffer from a serious mental illness will come into contact with the American criminal justice system at some point in their lives.
- (4) According to the Office of Juvenile Justice and Delinquency Prevention, over 150,000 juveniles who come into contact with the juvenile justice

system each year meet the diagnostic criteria for at least 1 mental or emotional disorder.

(5) A significant proportion of adults with a serious mental illness who are involved with the criminal justice system are homeless or at imminent risk of homelessness, and many of these individuals are arrested and jailed for minor, nonviolent offenses.

(6) The majority of individuals with a mental illness or emotional disorder who are involved in the criminal or juvenile justice systems are responsive to medical and psychological interventions that integrate treatment, rehabilitation, and support services.

(7) Collaborative programs between mental health, substance abuse, and criminal or juvenile justice systems that ensure the provision of services for those with mental illness or co-occurring mental illness and substance abuse disorders can reduce the number of such individuals in adult and juvenile corrections facilities, while providing improved public safety.

c. With the appropriate diversion and re-entry programs, these consumers [persons with a mental illness involved in the criminal justice system] could be successfully living in and contributing to their communities. Many non-violent offenders with mental illnesses could be diverted to more appropriate and typically less expensive supervised community care. Proven models exist for diversion programs operating in many areas around the country. **President's New Freedom Commission on Mental Health, Final Report § 2.3. 2003.**

3. WHAT ARE COMMON ELEMENTS IN MENTAL HEALTH COURTS¹

1. Participation in a mental health court is voluntary.
2. Participants have a demonstrable mental illness to which their involvement in the criminal justice system can be attributed.
3. A key objective is either to prevent the jailing of mentally ill offenders or to secure their release from jail for appropriate community services.

¹ Judicial Council of California, Mental Health Courts Satellite Broadcast, November 2002.

4. Public safety is a high priority and participants are carefully screened for inclusion in the program.
5. Early intervention is essential, with screening and referral occurring immediately after arrest or as soon thereafter as possible.
6. A multidisciplinary team approach is used, with the involvement of justice system representatives, mental health providers and other support systems.
7. Intensive case management includes supervision of participants with a focus on accountability and monitoring of the participant's performance.
8. Working with the team, the judge is the center of the treatment and supervision process.

4. WHAT ARE THE OUTCOMES OF MENTAL HEALTH COURT PARTICIPATION?

Mental health courts are relatively new. While a promising approach, long-term outcomes are not yet available. Further, there has been no standardized data collection to date across sites.

Example of early positive outcomes include a Seattle Municipal Mental Health Court September 2001 Report on Outcomes and Process Evaluation that found that the number of new bookings decreased significantly subsequent to their Mental Health Court (MHC) involvement. The Report further found that MHC participation is associated with significant increases in the number of treatment episodes received after referral compared to the number received prior to MHC involvement.